

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Thmh	1115	08.10.01
RESPONSE FORMALITY REVIEW	A.S	866	12.19.01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objection

BEST AVAILABLE COPY

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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K.D. #876  
 12/21/04